of the Institute have not been affected due to these resignations/ voluntary retirement as the Faculty strength is over 500. There is no exodus of faculty from AIIMS, and such level of attrition are normally expected from any centre of excellance, in a competing values framework.

Health care by private sector

2963. SHRI N.R. GOVINDARAJAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have any proposal to allow participation of private sector to provide healthcare facilities to the people;

(b) whether any proposal has been received from some State Governments for the purpose; and

(c) if so, the details thereof and Government's thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Healthcare facilities to the people are being provided for by the Public and Private Sector. It is estimated that around 20% of the country's requirement of health care is met through public health care system and remaining through the private healthcare system. In fact, one of the core strategies of the National Rural Health Mission (NRHM) is promotion of private sector for achieving public health goals without reducing governmental role in the public health. A Task group to look in to Promotion of public Private Partnership had been constituted under the NRHM which has since submitted its Report to the Ministry.

Deficiency in primary healthcare system due to migration of doctors

2964. SHRI RAVULA CHANDRA SEKAR REDDY:
SHRIMATI S.G. INDIRA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the availability of workers for primary healthcare varies from a low of three per 10,000 population in India;

(b) if so, the details thereof;

(c) the steps being taken by Government to overcome such situations;

(d) whether it is also a fact that the reasons behind this situation is the big migration of doctors and workers from India;

(e) if so, the reasons for such migration to other countries;

(f) whether Government are coming out with any policy to stop migration; and

(g) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. The biggest challenge is to ensure the availability of services of doctors and other para-medical workers for delivery of primary health care services in rural areas. At present about 700 Primary Health Centres (PHCs) are without doctors and there is a shortfall of 12.7% of Auxiliary Nursing Mid-wives (ANMs) as compared to requirement. The reasons are delays in recruitment & placement, in appropriate personnel policy, transfer, career enhancement policy and lack of basic amenities and incentives for working in the rural areas.

(c) Under National Rural Health Mission (NRHM), Task Forces have been constituted to examine *inter-alia* this matter.

To overcome shortage of doctors a number of States have taken various initiatives such as compulsory rural/difficult area posting for admission to post-graduate courses and as a pre-requisite for promotion, compulsory rotation doctors on completion of prescribed tenure as per classification of locations; contractual appointment of doctors; offering incentive in the form of allowance etc. to ensure their presence in rural areas.

Under Reproductive and Child Health (RCH-I) Programme contractual ANMs were appointed to overcome the shortages of this crucial worker. The activities are continued under RCH-II.

(d) No, Sir.

(e) It is true that many students after successfully completing their MBBS, Postgraduate/super-speciality courses go abroad either for obtaining higher qualifications/training or for prestigious assignments. This may be

due to high standard of medical education available at AIIMS and other premier Medical Institutions in India which is found acceptable in developed countries.

(f) A Committee is being constituted to look into issues regarding retention of health manpower in Government sector. There is presently no proposal to consider enactment of law requiring trained medical professionals to leave the country only after serving for a requisite number of years in the country including rural areas. However, in pursuance of the resolution of the sixth conference of Central Council of Health and Family Welfare, in order to meet the shortage of doctors in rural areas, the State/UT Governments have been advised, *inter-alia*, to reserve 25% of postgraduate seats in Medical colleges, for in-service candidates, who have worked in rural areas for at least three years with a bond that they will serve the Government for at least five years. Some states have taken necessary steps in their regard.

(g) Does not arise.

Plantation of medicinal plants in Madhya Pradesh

†2965. SHRIMATI MAYA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of proposals sent by various States, especially by Madhya Pradesh to his Ministry regarding plantation of medicinal plants; and

(b) the status of action taken/proposed to be taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) A total 6955 proposals from various States/UTs including 1311 from Madhya Pradesh State were received by National Medicinal Plants Board during the year 2005-06 for providing assistance under Promotional and Contractual Farming Schemes of the Board. A total of 1464 projects involving financial outlay of Rs. 5756.38 lacs were sanctioned for various States/UTs during the year 2005-06 under these schemes. These include 209 projects involving financial outlay of Rs. 541.30 lacs for the State of Madhya Pradesh.

†Original notice of the question was received in Hindi.